

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 11/21/2002)

1.	Prepared for the State of				
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2.	Department Use Only				
	State Tracking ID				

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address

5.	Filing Method	<input type="checkbox"/> Paper	<input type="checkbox"/> Electronic/Serff Tracking Number

6.	Company Tracking Number			
7.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Any size <input type="checkbox"/> Other _____		
8.	Type of Insurance			
9.	Product Coding Matrix Filing Code			
10.	Submitted Documents	<u>Forms</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <u>Report</u> _____		
11.	Filing Submission Date			
12.	Filing Fee (If required)	Amount _____ . _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____		
13.	Date of Domiciliary Approval			

14.	Filing Description:

15.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Original Signature _____ Date _____</p>	

Effective January 1, 2003

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

17.	Rate Filing Attachment
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Effective January 1, 2003

17.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	